

**UNITED STATES DISTRICT COURT**  
**EASTERN DISTRICT OF CALIFORNIA**

**ATLANTIC SPECIALTY INSURANCE  
COMPANY ,**

**V.**

**SUMMONS IN A CIVIL CASE**

**FIRSTCHOICE MEDICAL GROUP, INC. , ET  
AL. ,**

**CASE NO: 1:19-CV-01794-DAD-BAM**

**TO: Jose-Luis Bautista, FirstChoice Medical  
Group, Inc., Pam Janda**  
Defendant's Address:

**YOU ARE HEREBY SUMMONED** and required to serve on

**Theodore W. Hoppe  
Hoppe Law Group  
680 W. Shaw Avenue, Suite 207  
Fresno, CA 93704**

an answer to the complaint which is served on you with this summons, within **21** days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

**MARIANNE MATHERLY**

CLERK

**/s/ A. Orozco**



(By) DEPUTY CLERK

**ISSUED ON 2019-12-26 10:33:28.0 , Clerk  
USDC EDCA**



**RETURN OF SERVICE**Service of the Summons and complaint was made by me<sup>(1)</sup>

DATE

NAME OF SERVER (*PRINT*)

TITLE

*Check one box below to indicate appropriate method of service*☐ Served personally upon the defendant. Place where served: \_\_\_\_\_  
\_\_\_\_\_☐ Left copies thereof at the defendant's dwelling house or usual place of bode with a person of suitable age and discretion then residing therein.☐ Name of person with whom the summons and complaint were left: \_\_\_\_\_☐ Returned unexecuted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ Other (specify) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**STATEMENT OF SERVICE FEES**

TRAVEL

SERVICES

TOTAL

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

\_\_\_\_\_  
Date\_\_\_\_\_  
*Signature of Server*\_\_\_\_\_  
*Address of Server*